

LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888

March 6, 2008

RICHARD M. ARMSTRONG - Director

Melissa Lichti, Administrator Wedgewood Terrace, Provident Foundation 2114 Vineyard Avenue Lewiston, ID 83501

License #: RC-588

Dear Ms. Lichti:

On January 29, 2008, a follow-up/revisit, state licensure survey was conducted at Wedgewood Terrace-Provident Resources Group, Inc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Karen McDannel, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

KAREN MCDANNEL, RN

Team Leader

12 for

Health Facility Surveyor

Residential Assisted Living Facilities Program

KM/sc

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Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facilities Program



HEALTH & WELFARE

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888

February 6, 2008

Melissa Lichti, Administrator Wedgewood Terrace 2114 Vineyard Ave Lewiston, ID 83501

Dear Ms. Lichti:

On January 29, 2008, a follow-up visit to the state licensure survey survey of November 2, 2007, was conducted at Wedgewood Terrace. The core issue deficiencies issued as a result of the November 2, 2007, survey have been corrected.

Please bear in mind that non-core issue deficiencies were identified on the Punch List, a copy of which was reviewed and left with you during the exit conference. The completed Punch List form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 29, 2008.

Should you have questions, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP

Program Supervisor

Residential Community Care Program

JS/sc

c:

Lisa Deyoe, Program Manager, Regional Medicaid Services, Region II - DHW



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 ASSISTED LIVING Non-Core Issues Punch List

Facility N	Vame	f	Physical Address	Phone Number		
W	ledgewo	od Terrace	2114 Vineyard av	208-7	43-22	268
Administ	trator		1 2	ZIP Code		
Melissa Lichti				ZIP Code 350/		
Survey 1	Team Leader	, ,	Survey Type	Survey Date	A (-	
Karen Mc Jame 1			Follow-up	Survey Date 1 9 - 0 8		
NON-CORE ISSUES /						
ITEM	RULE # 16.03.22		DESCRIPTION		DATE RESOLVED	BFS USE
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		physician were not in record for all residents				20 25 50
	observed during medication pass.					1000000000
2						
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3	[[[-]]	Facility Statt du	not coccunent, reasons in	edi cutiun	<u> </u>	126 (LG-18)
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		Sampled residen	gues or taken for 3 of			2.2.3
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1	se Required Date	Signature of Facility Representative	\(\cdot \)		Date Signed	I